

PSJ3

Exhibit 119

**Endo Pharmaceuticals Inc.**

PER # 04079

Request for Educational Grant Payment

Initiator: Linda Kitlinski, Ext. 156
 Title: Clinical Development and Education Manager

Therapeutic Category: Pain Management

cc: Legal

<u>Institution/Organization</u>		<u>Program:</u>
Name:	American Academy of Pain Medicine	Scientific/Educational Activity:
Address:	Attn: Kathryn Checea 4700 W. Lake Avenue Glenview, IL 60025-1485	
Tax ID:	36-3874208	Location:
Coordinator:		Number of Talks: N/A
Name:	Kathryn Checea	
Title:	Corporate Membership Coordinator	Type:
Phone:	(847) 375-4731	
Fax:	(847) 375-4777	
Check payable to:	American Academy of Pain Medicine	Audience Size:
Notes:	No CE agreement needed – annual membership only. Please process and send Check to attention of Kathryn Checea.	Composition:

Expenses:	Hotel:	Meals:	Ground:	Air:	Other:	Total:
Estimated:						
Actual:						

Explanation: no expenses – unrestricted educational grant only

Payments:	Estimated:	Actual:	Pay Date:	Invoice #:
Grant:	\$3,000.00	\$3,000.00		
	Total Payments:	\$3,000.00		

Funding Sources: Charge Code: 633001-400

Total Funding: \$3,000.00

Dennis W. Gardner _____

Louis J. Vollmer _____

Carol A. Ammon _____

Jeffrey R. Black _____